

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

People Community Bank
c/o Registered Agent
109 E. Church St.
Columbia, AL 36219

SAC 05-1127

A. Signature <i>Debra Hunter</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Debra Hunter</i>	C. Date of Delivery <i>12-13-05</i>
D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

PO Box 459

3. Service Type
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

2. Article Number

(Transfer from service lab)

7001 2510 0007 6748 3898

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

Larry Pitchford
109 E. Church St.
Columbus, AL 36219

54C 05-1127

A. Signature		<input type="checkbox"/> Agent
Dubre Hunter		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of De
Dubre Hunter		12-13-05
D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes		
If YES, enter delivery address below:		
P O B X 457		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number

(Transfer from service label)

7001 2510 0007 6748 3904

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540